

Massachusetts Department of Public Health Office of Emergency Medical Services



PART F: Staffing Waiver Utilization Survey

In order to evaluate the utilization of the Paramedic/Intermediate (P/I) and the Paramedic/Basic (P/B) staffing waivers (excluding P/B Interfacility waiver), the Department requires that the licensee furnish the following information. We ask that you use data from the previous 12 months in which the waiver was in effect.

Service Number	License Expiration Date	
SERVICE INFORMATION		
Service Name		
Address		
City	State	Zip
Utilization Information		
Data collection period		To: / /
1) Total Number of Paramedics:		
2) Total number of Intermediate:		
3 a) Total number of ambulance transports (excluding Interfacility transfers) in which ALS care		
was provided at the Paramedic-level:		
3 b) Of these ALS transports how many were staffed with only one Paramedic and one Basic:		
3 c) How many transports were staffed with one Paramedic and only one Intermediate:		
3 d) How many transports were staffed with a minimum of two Paramedics:		
COMMENTS		
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FOR OEMS USE ONLY:		
Year of service's upgrade to Paramedic Level:		
Year of P/I waiver approval by Department:		
Year of P/B waiver approval by Department (not Interfacility):		
Total Number of ambulance runs:		
Total Number of Emergency Runs:		